



**NATSIHWA**

National Aboriginal and Torres Strait  
Islander Health Worker Association

If you would like to know more  
about NATSIHWA's activities please visit  
our website: [www.natsihwa.org.au](http://www.natsihwa.org.au)  
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**NATSIHWA**  
National Aboriginal and Torres Strait  
Islander Health Worker Association

## ANNUAL REPORT

2011 - 2012



# Chairperson & CEO Report

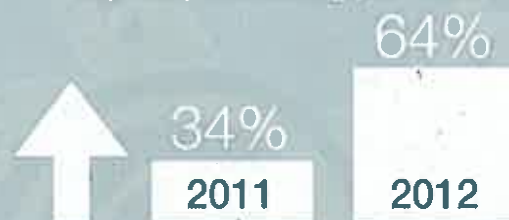


*J. Poelina*  
Jenny Poelina,  
Chairperson

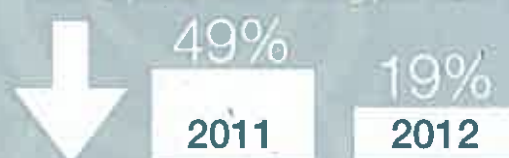


*C. Scott*  
Clarke Scott  
CEO

## NATSIHWA APPROVAL RATING Pretty/Really Well meeting your needs



## NATSIHWA DISAPPROVAL RATING Not/Only Somewhat meeting your needs



Member Survey Results Respondents 2011 - 35, 2012 - 72

The period since our last Annual General Meeting has been a busy time and a further period of consolidation for the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA).

NATSIHWA has continued to advance our issues in relation to Aboriginal and Torres Strait Islander Health Workers in a number of forums, including the National Health Leadership Forum and the 'Close the Gap' Steering Committee, as well as a range of health and workforce advisory committees. We are increasingly being asked to speak at conferences and workshops and are continually increasing our profile at national forums. Our voice is united and grows stronger every day.

It was a proud day in March 2012 when the national secretariat office of NATSIHWA was officially opened by the Hon Mr Warren Snowden MP, Minister for Indigenous Health. The Minister's words echo in our ears and his support for the future of our organisation is much appreciated.

A key partner over the last twelve months has been Health Workforce Australia (HWA). This year saw the release of the *Growing Our Futures* report – a culmination of two years' worth of work by Aboriginal and Torres Strait Islander Health Workers, the Aboriginal Community Controlled Health Service Sector, government, health training organisations and other stakeholders. Impressively, a number of the recommendations are already being implemented. The support for up-skilling and better training is important for those wanting to apply to be able to register as an Aboriginal and/or Torres Strait Islander Health Practitioner. However the results of the projects will be important across all the roles of Aboriginal and Torres Strait Islander Health Workers. The HWA project, through their curriculum development and multimedia resources, will go a long way to promoting our profession to other health professionals and to encourage our young people to join this most valuable of professions.

**"If you think you can deliver health outcomes to Aboriginal and Torres Strait Islander people without Aboriginal and Torres Strait Islander Health Workers...  
...you're sadly mistaken" *The Hon Warren Snowden MP***

1 July 2012 saw the commencement of the national registration for Aboriginal and Torres Strait Islander Health Workers. The scheme is another step in the recognition of our profession as unique and vital to the health of Aboriginal and Torres Strait Islander peoples. Without Health Workers in the primary health care team, better health outcomes will not be delivered for our communities.

However, national registration is only one part of the journey for Aboriginal and Torres Strait Islander Health Workers. NATSIHWA is here for the broad range of Health Workers and we continue to advocate on behalf of Health Practitioners and Health Workers. NATSIHWA maintains the view that Health Practitioners are just one area of the range of areas where Health Workers specialise – we will continue to advocate for educational and continuing professional development for all.

NATSIHWA's view is that Aboriginal and Torres Strait Islander Health Workers should have the same professional and career opportunities as other health professions. No Aboriginal or Torres Strait Islander Health Worker should have to leave the profession to achieve better recognition or parity. Career pathways should be built into our profession with appropriate recognition and reward. This is what we will be working towards in 2013.

In 2012 NATSIHWA has been out there listening and supporting Aboriginal and Torres Strait Islander Health Workers. We are pleased to see a steady increase in our membership. The forums we have been able to attend, and hold, have provided insights and feedback as to how we can support you in your work and to strengthen this Association. In 2013 we will continue to provide added support through networking and educational opportunities – through our forums, networking events and online communities. This report highlights what we have heard from you, where we

have been and where you think we should be going over the next few years.

The year has also seen us consolidate our staffing. We are proud that we have a team which is predominately drawn from the Aboriginal community and that we are (almost) fully staffed in line with our available funds. Without a committed and dedicated team the work of the NATSIHWA CEO and Board would not be possible. We have also focused on providing robust and transparent financial processes to provide members and funders the confidence that we can manage our business successfully and securely.

We would again like to acknowledge the funding assistance provided by the Department of Health and Ageing for NATSIHWA to undertake this very important work for Aboriginal and Torres Strait Islander health and health workforce issues.

NATSIHWA is the only national peak body dedicated to representing and advocating for the needs of Aboriginal and Torres Strait Islander Health Workers. Health Workers have a long and proud history and NATSIHWA is here to support them on their future journey.

We would like to convey our gratitude to the Aboriginal and Torres Strait Islander Health Workers who have come before us – those warriors, young and old, who are out there in their communities, fighting to improve the health and wellbeing of our peoples. They are our mothers and grandmothers, our uncles and brothers – without them, their strength and their resilience, we wouldn't be here today. They have been our mentors, guides and carers.

NATSIHWA is your association – we are here to support you and give you a voice. With your input we can guarantee a strong and successful association which represents you and your needs all the way up the line.

# Treasurers Report

Christine Ingram, NATSIHWA Victorian Board representative and NATSIHWA Treasurer outlines the financial status and processes for NATSIHWA in 2012



In the position of NATSIHWA Treasurer one of my key roles is to provide members with the confidence that their Association is being managed well and that our finances meet the requirements of our funders and governing bodies.

I am pleased to report that for the second year NATSIHWA has been able to achieve an auditor's report with no adverse findings or recommendations.

NATSIHWA signed a further twelve month funding agreement with the Australian Government Department of Health and Ageing (DoHA) in August 2012. One of the challenges for NATSIHWA in 2012 has been staff recruitment. The future of the organisation is reliant on a longer term funding agreement. The NATSIHWA Board looks forward to working with DoHA to rectify the ongoing funding of the Association in the near future.

However, DoHA as our chief funder has been particularly supportive of our work and our progress. We would like to acknowledge their ongoing support and funding. Of particular note was their agreement to invest in our 2012/13 work, including rollover funds to support the *'Caring for Our Mob – delivering culturally safe health care and work environments'* symposium. This ground breaking event scheduled for February 2013 will see health senior managers and executive form across Australia explore the ability to unleash the potential of their Aboriginal workforces through providing culturally safe work environments.

Finally, I would like to thank Phillip Miller and his team from MCS Accounting. We have achieved a lot this year in improving our financial rigour and processes. We greatly appreciate his advice and commitment to our organisation.

I am pleased to present to you our 2012 financial reports.

Christine Ingram  
Treasurer NATSIHWA

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# Awareness of NATSIHWA as a peak body

**Objective:** To increase awareness of NATSIHWA as the peak body for the Aboriginal and Torres Strait Islander Health Worker profession

This objective has become even more critical given the important role that Aboriginal and Torres Strait Islander Health Workers have within the Aboriginal health workforce in helping to implement the current range of national and state/territory 'Close the Gap' initiatives to reduce inequity in health outcomes between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians.

A solid membership base and a high level of public recognition across all health sectors assists NATSIHWA to be a strong and effective advocate for Aboriginal and Torres Strait Islander Health Workers – what they can contribute in improving health experiences and outcomes for Aboriginal and Torres Strait Islander Australians.

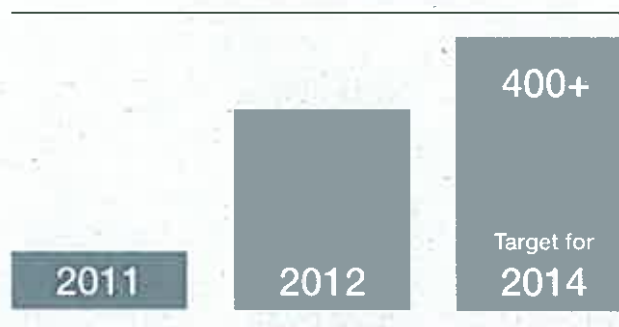
## In 2012 NATSIHWA achieved the following:

- Development of recruitment and professional promotional material in relation to membership offerings and membership recruitment
- A 'Deadly' website with an online membership application processes
- "Membership packs" development and **distribution to over 200** full and associate members
- Attendance at employer and stakeholder forums to promote the work of NATSIHWA and membership, including:
  - NSW AHMRC 'Close the Gap' Forum
  - 'Close the Gap' Workshop (Melbourne)
  - Northern Territory Aboriginal Health Worker forum (Darwin)
  - NSW Ministry of Health Aboriginal Health Worker forum
  - National Aboriginal and Islander Drug & Alcohol forum (Perth)
  - The Mental Health Services Conference (Cairns)

- Western Local Health District Aboriginal Health Worker forum (Dubbo)
- Aboriginal and Torres Strait Islander Health Registered Training Organisations National Network (ATSIHRTONN)
- Northern Queensland Aboriginal Health Worker forum (Townsville)
- VACCHO Health Lifestyles forum

- The development and finalisation of the NATSIHWA/ HWA Aboriginal and Torres Strait Islander Health Worker Professional Practice Framework
- Written engagement with state government health department executives in relation to NATSIHWA's role and function
- Promotion of membership recruitment to **over 217** community controlled and government health service providers
- Promotion of NATSIHWA as the peak association for Health Workers with QAIHC, VACCHO, NACCHO, AMSANT, NSW Ministry of Health and Queensland Health
- A **247% increase** in NATSIHWA membership between November 2011 to November 2012

## NATSIHWA Membership



## Minister launches NATSIHWA national secretariat and reinforces need for Aboriginal and Torres Strait Islander Health Workers

21 March 2012

Federal Minister for Indigenous Health, the Hon Warren Snowdon MP, reaffirmed the importance of Indigenous workers in launching the National Aboriginal and Torres Strait Islander Health Worker Association Secretariat in Canberra on 'Close the Gap' Day.

"If you think you can deliver good Aboriginal health outcomes without Aboriginal Health Workers you're sadly mistaken... I know this to be true and I'm sure it's true across the rest of the country," the Minister said.

"I have spent time with Aboriginal Health Workers from all over the Northern Territory and indeed across Australia... and my respect for them has only ever grown."

Inspiring the Minister were the stories of Gwenda Lawton and Leitisha Jackson, both from Wurli Wurlijang Health Service in the Northern Territory who were celebrated at the launch as inaugural recipients of NATSIHWA Health Worker Legend and Health Worker Young Warrior status ([www.NATSIHWA.org.au/legends](http://www.NATSIHWA.org.au/legends)).

NATSIHWA members were particularly pleased to hear the strong words of support from Minister Snowdon as he



demonstrated his belief in Aboriginal and Torres Strait Islander Health Workers across the country and NATSIHWA itself.

"To see your work [NATSIHWA] makes me immensely proud because your work is so vitally important to all of us," the Minister said. "So for us collectively, it is so important that the association works...that we give it the support it deserves."

NATSIHWA CEO Clarke Scott said, "NATSIHWA is here for the long haul and proud to be the strong, credible and respected unified voice of Aboriginal and Torres Strait Islander Health Workers.

"As we celebrate this important milestone, NATSIHWA is extremely happy that Minister Snowdon could join us to acknowledge the role that Aboriginal and Torres Strait Islander Health Workers have in improving their communities' health outcomes," said Mr Scott. "That they play an essential role in 'Close the Gap' in life expectancy between Aboriginal and non-Aboriginal people is undisputed."

**The Minister's speech can be viewed at:**  
[www.natsihwa.org.au](http://www.natsihwa.org.au)



# Advocacy and representation

**Objective:** To strengthen our leadership in advocating on behalf of Aboriginal and Torres Strait Islander Health Workers.

Workforce development is a critical professional need for Aboriginal and Torres Strait Islander Health Workers and must extend beyond the professional networking and development provided through NATSIHWA. Therefore, as a dedicated voice for Aboriginal and Torres Strait Islander Health Workers, NATSIHWA plays a strong role in advocating on behalf of Aboriginal and Torres Strait Islander Health Workers with other groups that are developing policy, funding, designing and/or delivering education, training and professional development that is relevant to Aboriginal and Torres Strait Islander Health Workers, based on their recognised scope of practice. This incorporates the developments regarding the National Registration and Accreditation of Aboriginal and Torres Strait Islander Health Practitioners.

**In 2012 NATSIHWA achieved representation on the following groups and committees:**

- Community and Health Services Industry Skills Council (CS&HISC) Industry Representative Group in relation to the review of the National Training Package
- National 'Close the Gap' Steering Committee
- Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG)
- The National Congress of Australia's First People's National Health Leadership Forum
- Australian Health Practitioner Regulation Authority (AHPRA) Professions Reference Group
- National Primary Health Partnership
- Health Workforce Australia (HWA) – Aboriginal and Torres Strait Islander Health Workforce Committee
- HWA Multimedia Development Project working group
- CS&HISC Subject Matter. Expert Working Group on the review of the HLT007 national training package
- DoHA Expansion of the Medicare Healthy Kids Check Roundtable with presentation of findings to Hon Mark Butler MP, Minister for Mental Health & Ageing

## NATSIHWA policy development & responses in 2012

- Submission to the Senate Inquiry on the Personal Controlled Electronic Health Record (PCeHR) Bill 2011
- Response to the consultation on the Aboriginal and Torres Strait Islander Health Practitioner Board of Australia's (ATSIHPBA) Proposed Codes and Guidelines for Aboriginal and/or Torres Strait Islander Health Practitioners
- PCeHR rules and regulations and applicability to Aboriginal and Torres Strait Islander Health Workers – submission developed and submitted to DoHA
- Response to the consultation by ATSIHPBA on the Accreditation Committee of the Board
- NATSIHWA response to the Centre for Independent Studies Aboriginal and Torres Strait Islander Health Worker Training report
- Consultation with members on the NATSIHWA Professional Practice Framework via website and e-newsletter

I think it is fantastic that we finally have a national organisation for Health Workers

*Aboriginal Health Worker, NT*





# Young Warrior 2011

## Leitisha Jackson

**Congratulations Leitisha Jackson, NATSIHWA's inaugural Young Warrior.**

Leitisha is currently working at Wurli Wurlijang Health Service in Katherine, Northern Territory, as an Aboriginal Health Worker (Aged Care) and is passionate about making a difference and being a role model to young people.

Leitisha spent her primary schooling in Katherine and high school in the Flinders Rangers. She has since completed her studies at Bachelor Institute and is a Registered Aboriginal Health Worker at Wurliwurlijang Health Service, the Aboriginal Community Controlled Health Organisation in Katherine, NT.

Leitisha's Aboriginal Health Worker career began in 2006 when she was given an opportunity to undertake a traineeship. She studied at the Batchelor Institute, completed a Certificate III in Aboriginal Health Work (Clinical), and received a VET Award for Outstanding Achievement for her enthusiasm, determination and positive attitude. In 2010, Leitisha received a NT Aboriginal Health Worker New Practitioner Award. Leitisha has now been recognised with a key position as a national health leader – sitting on the

Health Workforce Australia Future Health Leaders Forum

Leitisha says being an Aboriginal Health Worker has given her so many opportunities and she wishes more young people would choose this profession to help their community.

### **A conversation with Leitisha:**

#### **1. What is it like working with role models such as Gwenda Lawton and your fellow Aboriginal Health Workers?**

It's great! We have an awesome team of Aboriginal Health Workers and Doctors working together and we all look out for each other. It's like a big family; we have our ups and downs but at the end of the day we are all here to help our community and improve their health.

#### **2. What have you learnt from your role models?**

Not only have they taught me to become a good Aboriginal Health Worker but also to be a role model and leader for others. I am now more responsible, perceptive, and more confident than ever! Thank you my Senior Aboriginal Health Workers - thank you for bringing me out of my shell and opening doors for me to better opportunities.

#### **3. What do you hope to achieve by working in Aboriginal Health?**

I hope to one day become a Senior Aboriginal Health Worker with great knowledge in different fields of health and once Gwenda retires, I'm going to be Clinic Coordinator.

#### **4. If there was one thing you could do to improve the health of your community, what would it be?**

I would promote PREVENTION to young people my age. They need to know that clinics aren't just a place for when you are sick.



# Professional support for members

**Objective:** To strengthen the quality and effectiveness of professional support for members.

Aboriginal and Torres Strait Islander Health Workers work across every jurisdiction of Australia in a variety of health settings. While most Aboriginal and Torres Strait Islander Health Workers work with a range of other health professionals, some Aboriginal and Torres Strait Islander Health Workers work in isolation from their peers while others work in settings that have two or more Aboriginal and Torres Strait Islander Health Workers. This highlights the importance of NATSIHWA providing regular access to quality information, along with professional networking and development opportunities in a range of accessible formats to Aboriginal and Torres Strait Islander Health Workers, which are responsive to this range of work contexts.

**In 2012 NATSIHWA stand-alone forums attracted the following attendees:**

ANNUAL GENERAL MEETING AND  
NATIONAL FORUM (ADELAIDE)

86

FNQ CAIRNS  
ABORIGINAL HEALTH WORKER FORUM

134

THURSDAY ISLAND & BAMAGA  
TSI HEALTH WORKER FORUM

37\*

\*62% of Health  
Workers in TSI

- Events calendar – first comprehensive educational and conference list of relevant national development opportunities for Aboriginal and Torres Strait Islander Health Workers
- Torres Strait Islands Aboriginal and Torres Strait Islander Health Workers professional forum (Thursday Island & Bamaga)
- NATSIHWA eNews – 10 editions distributed with key professional issues for Aboriginal and Torres Strait Islander Health Workers

## NATSIHWA eNews

Recipients	5593
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## NATSIHWA website

Total visitors	5,138
New visitors	57%
Return visitors	43%
Page views:	20,120

- 2011 and 2012 Survey of member needs
- Media release on planned Queensland Health cuts to frontline Aboriginal and Torres Islander Health Worker positions in the Torres Strait
- 2012 education intention survey of Aboriginal and Torres Strait Islander Health Workers

## We also achieved:

- 2011/12 NATSIHWA Annual General Meeting and National Forum (Adelaide)
- Promotion of Aboriginal and Torres Strait Islander Health Practice Board of Australia information and Communiques – 4 communications sent to members
- Over 45 support packages to support member attendance at AGMS & forums
- Far North Queensland Aboriginal and Torres Strait Islander Health Worker professional forum (Cairns)

I would really like to attend the national forum to better understand the bigger picture of the role of the Indigenous Health Worker

*Torres Strait Islander Health Worker Health Worker*



# What Aboriginal and Torres Strait Islander Health Workers want

***We're listening to you!*** NATSIHWA surveyed members coming to the 2011 and 2012 AGMs. Here's what they thought was the priorities for NATSIHWA in relation to member offerings...

	Issue	% important/really important
Top 5 Needs in 2011 (45 people)	• Having a really deadly website	98%
	• Having a phone line for professional advice/questions	98%
	• Advocating/lobbying for better wages and conditions	98%
	• Updating on latest primary health research	98%
	• How to conduct research in my community	98%
Top 5 Needs in 2012 (94 people)	• Letting me know about training and education I could attend	97%
	• Providing networking forums in my state/territory	97%
	• Responding to government about the big issues effecting Health Workers	94%
	• Updating on latest primary health research	92%
	• Creating a way for Health Workers focusing on specific health issues to chat/interact on-line	92%

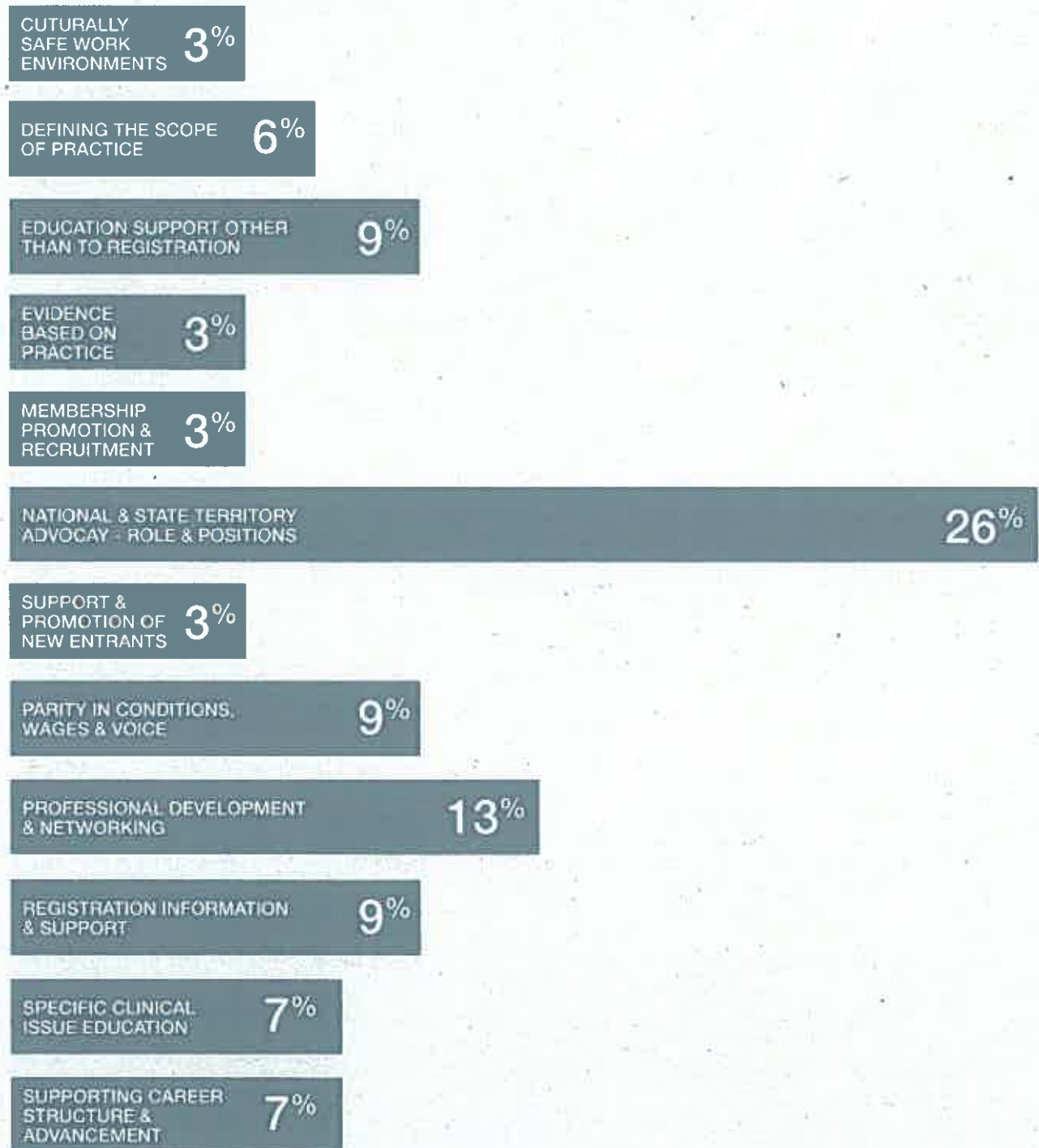
70% of 2012 survey respondents want to be on "The Book" (Facebook) or other sort of page that keeps me up to date with what's going on with NATSIHWA.

93% think NATSIHWA should be providing written information on clinical/practice issues.

**What you have said to us...the big issues to focus on...**

We analysed the themes of the 2012 survey of people attending the NATSIHWA forum & AGM.

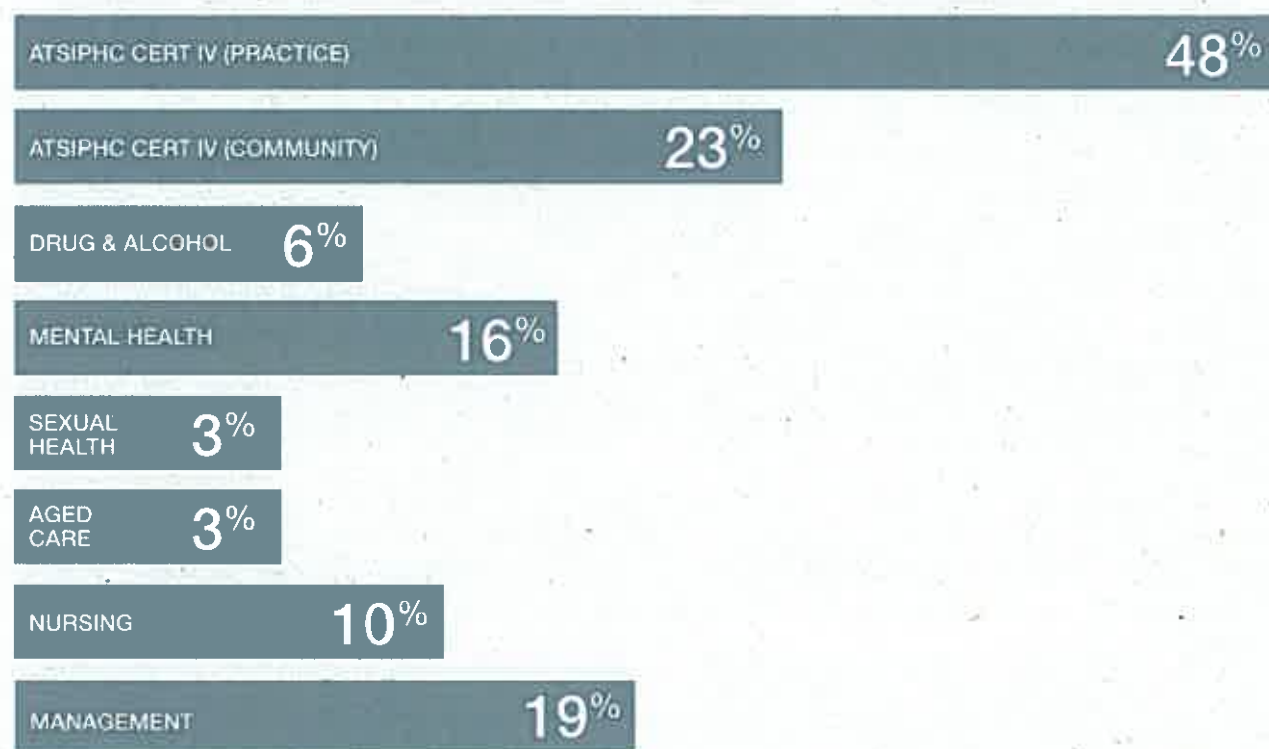
31 people who provided comments and here's analysis of what they thought NATSIHWA should focus on...





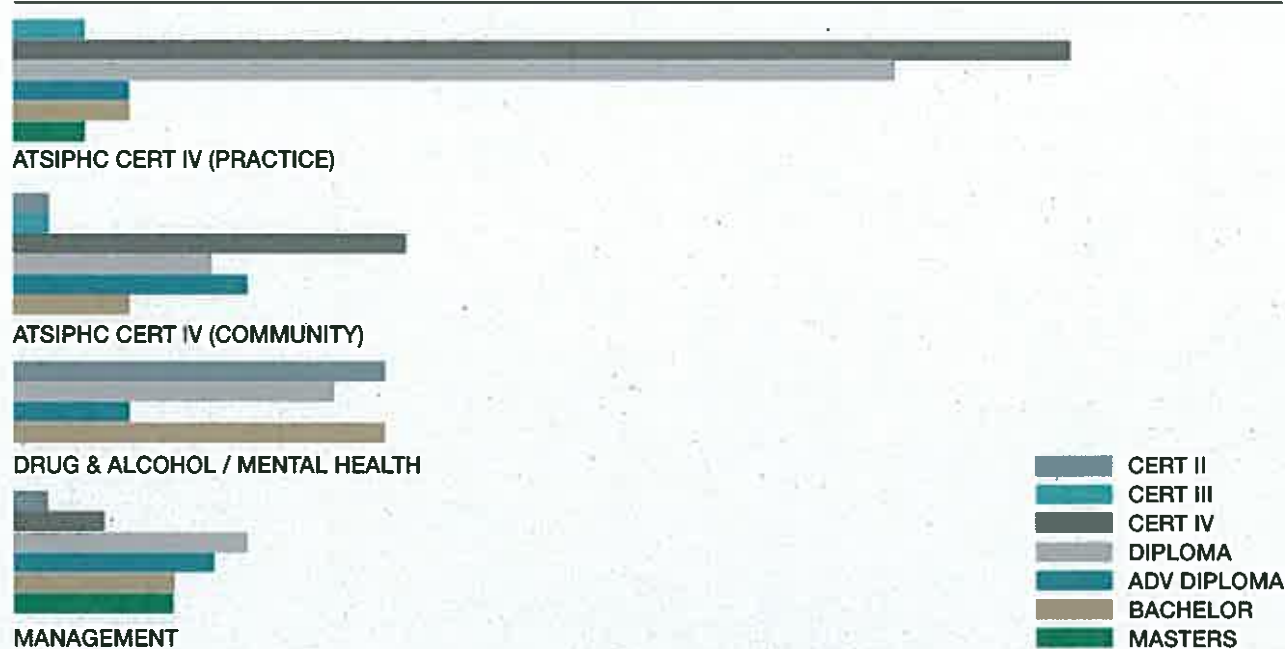
### What Aboriginal and Torres Strait Islander Health Workers are thinking of studying

The 2012 AGM & forum response survey asked Aboriginal and Torres Strait Islander Health Workers what they were intending to study in the next 3 years. (116 survey responses)



### Course level – intention to study next 3 years

0 5 10 15 20 25 30



# What you said you want in the next two years from NATSIHWA ....

**Advocating for the huge number of Health Workers who have the Aboriginal and Torres Strait Islander Primary Health Care qualifications in the Community stream who do not currently qualify for national registration.**

**Getting indigenous health workers into management position.**

**Training, Acknowledgement, Scholarships, Advocacy for Wages**

**An association or professional body should be just that. A body that takes the concerns of their members and advocates on their behalf. AHWs have received poor working conditions when compared to other health professionals in their same multi-disciplinary teams despite being a registered health practitioner. The in-equity in working conditions would be considered discriminatory practice if imposed on any other specialised workforce.....**

**NATSIHWA needs to be able to provide an analysis of appropriate Professional Development (PD) activities and advise on how many hours of PD each activity is worth for the purpose of meeting ongoing PD hours for Registration.**

**I would like to focus on breaking those big barriers that I see in my training that still exist on the clinical wards for our people. I still see a lot of institutionalised racism brought about by lack of understanding and communication - I am to work really hard to help people more understand our mob and the history of why they do what they do when in hospital setting.**

**Health Worker Networking and Scope of Practise for both Government and non-government organisations**

**Up skilling of our AHW Staff members to become exceptional health workers and leaders in their field of health**

**Health Workers to be heard in their Aboriginal Health Service and to have equal opportunities to have a voice.**

**Trying to engage more men to enter health as a career.**

**Helping to link health workers into working effectively with other health workers in main stream organisations**

**To support [name withheld] to implement a new professional structure or occupational stream for health workers..... its vital for our service delivery and improve health outcomes for Aboriginal and Torres Strait Islander communities across Qld.**

**Working toward credentialing as Diabetes Educator**

**You already have a lot to focus on!**

**Providing good information and support tools for Aboriginal Health Practitioners and their employers**

**I think professional development opportunities are extremely important and also fighting for better wages for Community Workers.**

**Supporting me in scholarship and training because have no support in private practice**

**I think the direction that NATISWA, and the work that they are currently doing, is good. But we need to keep up the national advocacy re: lobbying for better wages & conditions.**

**I would like to see more professional development training opportunities for AHW**



2011 Annual General Meeting



# External stakeholder relationships

Objective: To strengthen the effectiveness of our relationships with external stakeholders.

NATSIHWA is a small organisation with a full work agenda. Therefore, supportive and respectful relationships with a range of stakeholders across all health sectors, not just Aboriginal health, will be vital in NATSIHWA working towards its vision and goal. These relationships need to be a living embodiment of professional and cultural respect, where the professional and cultural knowledge and skills of ATISHWs are viewed as essential ingredients in any collaborative project that external stakeholders undertake with NATSIHWA.

## In 2012 NATSIHWA achieved the following:

- Official opening of the national secretariat on 21st March 2012 by Hon Warren Snowden MP – over 30 external government and Aboriginal Health stakeholder attendees
- Media relating to the NATSIHWA national secretariat opening – picked up by Koori Mail, Indigenous Alerts e-distribution and National Indigenous Times
- NATSIHWA inaugural Young Warrior & Health Worker Legend
- NATSIHWA opening and Ministerial speech promotional video
- Deadly Awards - representation at 2012 Awards ceremony and developing strategic relationship
- Media articles/presentations with Koori Mail, National Indigenous Times, NITV and Radio 4MW Torres Strait
- Collaboration with the Australian Society of HIV Medicine (ASHM) in relation to the development of the HIV/Blood Borne Virus Manual for Aboriginal and Torres Strait Islander Health Workers
- eHealth promotional video developed with NACCHO
- Sponsorship of Oxfam Australia to support the 'Close the Gap' secretariat
- Panel participation Indigenous Allied Health Australia national conference on collaborative professional relationships

## Health Workers Show Strength in Numbers at AGM

Story supplied by Janet Craig  
Images supplied by Anna Ledstchke

Over 60 Aboriginal and Torres Strait Islander Health Workers from around Australia met in Adelaide on Tuesday 31 January 2012 at the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) Annual General Meeting (AGM) and Forum.

The theme 'Our History, Our Journey' attracted keynote speakers including CEO Health Workforce Australia Mark Cormack, Chair Aboriginal and Torres Strait Islander Health Practice Board of Australia Peter Pangquee and Executive Officer Kerri Kellet, and National eHealth Transition Authority (NeHTA) Clinical Lead Trevor Lord and Letisha Jackson.

Following a Welcome to Country by Robert Taylor and opening remarks by NATSIHWA Chair Jenny Poelina, Health Workers Gwenda Lawton, Letisha Jackson, and Condy Canuto gave an enlightening account of their history and journey in providing health care services to the community.

NATSIHWA CEO Clarke Scott said, "The AGM and Forum just reinforced how strong we are as a collective and NATSIHWA is about uniting the voices of Aboriginal and Torres Strait Islander Health Workers".

NATSIHWA has an excellent collaborative relationship with Health Workforce Australia and was pleased to welcome HWA

Above: Health workers met in Adelaide for the NATSIHWA AGM. Image supplied.

Chief Executive Officer Mark Cormack to speak at the Forum. Mr Cormack said, "Health Workforce Australia has recently undertaken an extensive project looking at ways to strengthen and sustain the Aboriginal and Torres Strait Islander Health Worker workforce across Australia. This workforce is a core part of the primary care workforce required to

support Closing the Gap. NATSIHWA has an important role in supporting and promoting the development and professionalisation of the workforce."

Mr Scott said, "It was great to have NeHTA at the forum to answer any questions participants had about eHealth. Aboriginal and Torres Strait Islander Health Workers will play

an essential role in providing information to their clients about the benefits of Personally Controlled Electronic Health Records (PCEHR). The interactive display provided by NeHTA demonstrated the patient journey and how PCEHR will benefit management of their health."

Feedback from the AGM and Forum indicated that Aboriginal and Torres Strait Islander Health Workers saw real value in attending because they gained access to valuable information around a whole range of issues important to their work.

"Overall the AGM and Forum showed that NATSIHWA is strong and growing as the national representative body," said Mr Scott. "I encourage all Aboriginal and Torres Strait Islander Health Workers to become a member of NATSIHWA and to make it even easier by waiving all membership fees for a financial year."

NATSIHWA is the professional association for Aboriginal and Torres Strait Islander Health Workers in Australia. It was established in 2009, following the Australian Government announcement of funding to strengthen Aboriginal and Torres Strait Islander workforce as part of its 'Closing the Gap' initiatives.

For more information call the NATSIHWA Hotline on 1800 200 800 (free landlines).





## Legend 2011 Gwenda Lawton

Gwenda Lawton is NATSIHWA's inaugural Legend. She has worked in Aboriginal health since the mid 1980's and is currently the Clinic Coordinator for Wurli Wurlijang Health Service in Katherine, Northern Territory.

From Cunnamulla in Queensland, Gwenda moved to the Northern Territory in 1975 where she began her inspiring journey to become an Aboriginal Health Worker.

Originally a cleaner in Tennant Creek, Gwenda was approached in 1986 by the Anyinginyi Health Director to be a trainee Aboriginal Health Worker. She began her training in 1987 and now has over 25 years' experience.

Gwenda briefly returned home to Roma and worked there as an Aboriginal Health Worker. However, whilst she enjoyed working with her own community, she returned to Katherine and now lives there near her family.

She is very passionate about working in Aboriginal health and feels she can be a voice for her community. "All these years later, I still like it and it still feels like I am achieving something," Gwenda said.

A conversation with Gwenda:

### 1. What do you enjoy most about your role as Clinic Coordinator?

I enjoy middle management as it allows me to become aware about the political side of Aboriginal health. I also like to be involved in education and resources, especially as a mentor and senior registered Aboriginal Health Worker. I still loving being able to do clinical screening as it gives me contact with our people. I have seen a few generations within family structures over the years which I have enjoyed seeing develop. I enjoy both levels of my position; administration and clinical primary health care.

### 2. What is it like working with Leitisha and your fellow Aboriginal Health Workers who are young and upcoming?

As a Supervisor and the Clinic Coordinator, it has been an experience and adventure to nurture, mentor and teach young staff to develop into mature, competent registered Aboriginal Health Workers and this does not happen straight away. With support and encouragement, the young become respectable health workers for the future and our next leaders.

### 3. What do you enjoy most about being a mentor?

I am able to support and mentor them to become good health worker who will have respect for their patients in a time of need and the community as a whole.

### 4. What do you hope to achieve by continuing your work in Aboriginal health?

My goal is to have a senior registered Aboriginal Health Worker who is competent and has the qualifications to apply for my position when I retire from the workforce.

### 5. If there was one thing you could do to improve the health of your community, what would it be?

Help people to look at health/sickness in a holistic way ie you do not have to be sick to come into the clinic to have a check-up, so come in and have a check-up at any time. I think that one of the messages is 'Education plays a part in any community and community education is needed so that our people can be aware of the help/support that is available at all times during working hours'

# NATSIHWA operations

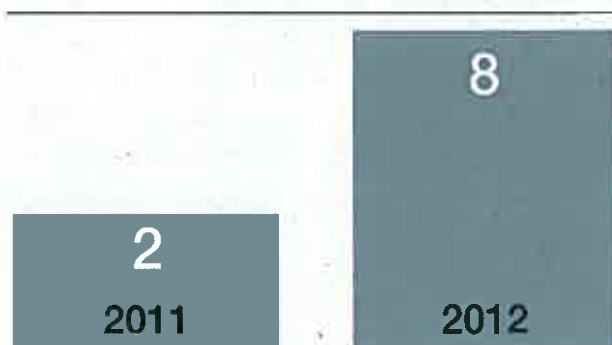
No professional association can operate without a strong back office, dedicated staff, tools and procedures to support good governance and operations.

## In 2012 NATSIHWA achieved the following:

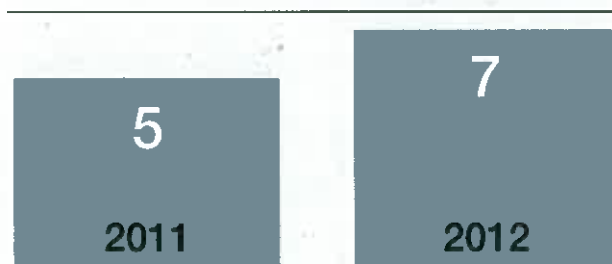
- Fully functioning national secretariat office has been established.
- Refurbishment of the national secretariat office
- Recruitment of all budgeted positions
- High functioning telecommunications and IT infrastructure
- Robust financial management and accounting processes
- Recruitment of 3 new Board members representing Torres Strait, Tasmania and Queensland
- Two years of financial audits in line with ASIC requirements with no conditions
- Financial management and delegations manual developed
- Development of an evaluation framework and process
- Board and staff intranet established



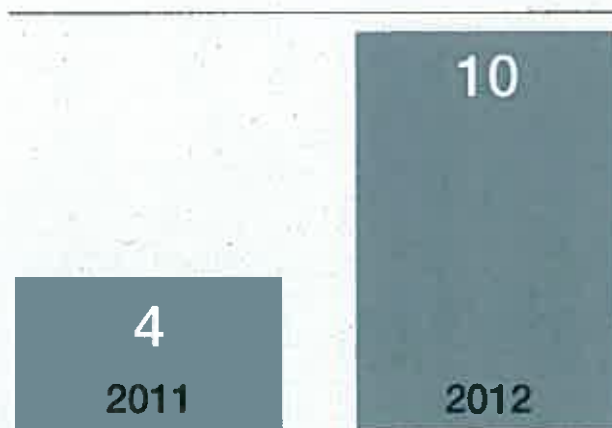
## Staff recruited



## NATSIHWA Board members



## NATSIHWA Board meetings





## FINANCIAL REPORT FOR YEAR ENDING 30 JUNE 2012

### DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2012.

#### DIRECTORS

The names of the directors in office at any time during or since the end of the financial year are:

<b>Bradley Freeburn</b>	<b>Clarke Scott</b>	<b>Patrick Ahkit</b>
<b>Therese M Williams</b>	<b>Christine Ingram</b>	<b>Jennifer Ketchell (appointed January 2012)</b>
<b>Jennifer Poelina</b>	<b>Seriako Stephen</b>	<b>Candy Bartlett (appointed 31/01/2012)</b>

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

#### OBJECTIVES

**Objective 1:** To increase awareness of NATSIHWA as the peak body for the ATSIHW profession.

**Objective 2:** To strengthen the quality and effectiveness of professional support for members.

**Objective 3:** To strengthen the effectiveness of our relationships with external stakeholders.

**Objective 4:** To strengthen our leadership in advocating on behalf of ATSIHWs.

#### STRATEGY FOR ACHIEVING THE OBJECTIVES

##### Objective 1:

Promote public understanding of the definition of an ATSIHW and NATSIHWA member eligibility.

Develop and implement a national membership recruitment campaign.

##### Objective 2:

Provide up to date and relevant professional information through a variety of formats on a consistent basis, including matters such as:

- NATSIHWA activities
- Current national policy and initiatives
- National registration and accreditation
- Scope of practice
- Provide input into educational events, resources and learning opportunities for ATSIHWs that contribute to their professional development.
- Encourage and support the development of discipline-specific networking for ATSIHWs in liaison with other key stakeholders.
- Explore the viability of establishing state and territory branches of NATSIHWA.
- Facilitate professional networking among members in liaison with other key stakeholders.

##### Objective 3:

Develop and implement a public relations strategy aimed at a broad range of external stakeholders that:

- Markets NATSIHWA's identity and role.
- Fosters regular, transparent and respectful communication with external stakeholders.
- Enables NATSIHWA participation in external stakeholder activities.
- Facilitates mutual support and shared visions for the ATSIHW profession.
- Identify and create opportunities for cooperation and collaboration with relevant stakeholders who support NATSIHWA initiatives.

##### Objective 4:

Collaborate with relevant stakeholders in articulating and promoting the scope of practice of ATSIHWs (noting jurisdictional implications)

- Promote the benefits of employing and supporting ATSIHWs across all health sectors.
- Represent and participate in policy and planning committees and working groups addressing ATSIHW workforce business.
- Advocate for appropriate ATSIHW education, training and professional development.
- Represent and participate in reviews of ATSIHW education and training.

## DIRECTORS' REPORT (CONTINUED)

### Principal Activity

The principal activity of the company during the financial year was to promote and develop Aboriginal and Torres Strait Islander Health Workers through advocacy on workforce issues including recruitment and retention strategies, accreditation and registration and appropriate education. Training and development needs.

No significant change in the nature of these activities occurred during the year.

### MEETINGS OF DIRECTORS

DIRECTORS	DIRECTORS' MEETINGS	
	Number eligible to attend	Number attended
Bradley Freeburn	7	7
Christine Ingram	7	7
Jennifer Poelina	7	6
Clarke Scott (CEO & Company Secretary)	7	7
Patrick Ahkit	7	7
Seriako Stephen	2	0
Terresa Williams	7	6
Jennifer Ketchell	2	2
Candy Bartlett	2	2

### CONTRIBUTIONS ON WIND UP

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to make a maximum contribution of \$10.00 towards meeting any outstanding obligations. At 30 June 2012, the total maximum amount that members of the company are liable to contribute if the company is wound up is \$1,640.

A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out on page 29.

Signed in accordance with a resolution of the Board of Directors:

Director

  
Jennifer Poelina

Treasurer

  
Christine Ingram

Dated: 15/11/12

### AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 307C OF THE CORPORATIONS ACT 2001 TO THE DIRECTORS OF NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2012 there have been:

- no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
- no contraventions of any applicable code of professional conduct in relation to the audit.

PKF Di Bartolo Diamond & Mihailaros  
GPO Box 588 CANBERRA ACT 2601

Ross Di Bartolo,  
Partner, Canberra

Dated: 15/11/12



## STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2012

	NOTES	2012 \$	2011
Revenue from ordinary activities	2	651,666	304,998
Employee benefits expense		(195,066)	(119,323)
Other expenses from ordinary activities	2	(456,600)	(185,675)
<b>Profit from ordinary activities</b>		-	-
<b>Other comprehensive income</b>			
Net gain / (loss) on revaluation of non-current assets		-	
<b>Total comprehensive income</b>		-	
<b>Total comprehensive income / (loss) attributable to members</b>		-	
<b>Profit / (loss) attributable to members</b>		-	

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2012

<b>CURRENT ASSETS</b>			
Cash and cash equivalents	3	203,998	365,394
Receivables	4	200	224,728
Financial asset	5	8,250	-
Other assets	6	30,145	1,347
<b>TOTAL CURRENT ASSETS</b>		242,593	591,469
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	7	49,952	8,825
<b>TOTAL NON-CURRENT ASSETS</b>		49,952	8,825
<b>TOTAL ASSETS</b>		292,545	600,294
<b>CURRENT LIABILITIES</b>			
Payables	8	22,102	96,438
Provisions	9	12,966	1,627
Other	10	224,474	469,226
<b>TOTAL CURRENT LIABILITIES</b>		259,542	567,291
<b>TOTAL LIABILITIES</b>		259,542	567,291
<b>NET ASSETS</b>		33,003	33,003
<b>EQUITY</b>			
Retained profits		33,003	33,003
<b>TOTAL EQUITY</b>		33,003	33,003

## STATEMENT OF CHANGE IN EQUITY FOR THE YEAR ENDED 30 JUNE 2012

	Retained Earnings	Total Equity
	\$	\$
Balance at 1 July 2010	33,033	33,033
Net Surplus/(Loss) for the year	-	-
Balance at 30 June 2011	33,003	33,003
Balance at 1 July 2011	33,033	33,033
Net Surplus/(Loss) for the year	-	-
Balance at 30 June 2012	33,003	33,003

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2012

	Notes	2012	2011
		\$	
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>			
Operating grant receipts and memberships		714,955	545,136
Payments to suppliers and employees		(821,642)	(292,169)
Interest received		-	-
Net cash provided by/(used in) operating activities	14(b)	(106,687)	252,967
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>			
Proceeds from sale of property, plant and equipment		-	-
Payment for Bank Guarantee		(8,250)	-
Payment for property, plant and equipment		(46,459)	(11,091)
Net cash used in investing activities		(54,709)	(11,091)
Net increase/(decrease) in cash held		(161,396)	241,876
Cash at beginning of financial year		365,394	123,518
Cash at end of financial year	14 (a)	203,998	365,394

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2012

### NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial report is a general purpose financial report that has been prepared in accordance with Accounting Standards, Urgent Issues Group Consensus Views and other authoritative pronouncements of the Australian Accounting Standards Board and the Corporations Act 2001.

The financial report is for the entity National Aboriginal and Torres Strait Islander Health Workers Association Limited as an individual entity. National Aboriginal and Torres Strait Islander Health Workers Association Limited is a company limited by guarantee, incorporated and domiciled in Australia.

The financial report has been prepared on an accruals basis and is based on historical costs. It does not take into account changing money values or, except where stated, current valuations of non current assets. Cost is based on the fair values of the consideration given in exchange for assets. Australian Accounting Standards include Australian equivalents to International Financial Reporting Standards (IFRS). Compliance with the Australian equivalents to IFRS (AIFRS) ensures that the financial report, comprising the financial statements and notes complies with IFRS.



## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2012 (CONTINUED)

The following is a summary of the material accounting policies adopted by the company in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

**(a) Income Tax** No provision for income tax has been raised as the company is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

**(b) Employee Benefits** Provision is made for the company's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year together with benefits arising from wages and salaries, annual leave and sick leave which will be settled after one year, have been measured at the amounts expected to be paid when the liability is settled plus related on costs. Other employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Contributions are made by the company to an employee superannuation fund and are charged as expenses when incurred.

**(c) Cash** For the purposes of the Statement of Cash Flows, cash includes cash on hand and at call deposits with banks or financial institutions, investments in money market instruments maturing within less than two months and net of bank overdrafts.

**(d) Revenue** Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Other revenue is recognised when the right to receive the revenue has been established.

All revenue is stated net of the amount of goods and services tax (GST).

**(e) Goods and Services Tax (GST)** Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST.

**(f) Plant and Equipment** Each class of plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation.

### Plant and equipment

Plant and equipment is measured on the cost basis.

The carrying amount of plant and equipment is reviewed annually by the directors to ensure it is not in excess of the recoverable amount from those assets. The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets employment and subsequent disposal. The expected net cash flows have not been discounted to present values in determining recoverable amounts.

### Depreciation

The depreciable amount of all fixed assets including buildings and capitalised leased assets, but excluding freehold land, are depreciated over their estimated useful lives to the company commencing from the time the asset is held ready for use. Properties held for investment purposes are not subject to a depreciation charge. Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates and useful lives used for each class of depreciable assets are:

Class of fixed asset	Depreciation rates	Depreciation basis
Office Equipment	10 - 20 %	Straight Line
Furniture & Fixtures	10 - 15 %	Straight Line
Computer Equipment	10 - 25 %	Straight Line

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2012 (CONTINUED)

### NOTE 2: PROFIT FROM ORDINARY ACTIVITIES PROFIT/(LOSSES) FROM ORDINARY ACTIVITIES DETERMINED AFTER:

	2012	2011
	\$	\$
<b>(a) Expenses</b>		
AGM & Board costs	73,473	62,465
Accounting fees	43,484	27,070
Audit fees	4,000	3,000
Contractors & consultants	87,688	18,488
Meetings, workshops & seminar costs	2,378	585
Printing & stationary	29,236	3,870
Promotional material	31,342	7,370
Rent	31,764	17,353
Travel expenses	76,227	22,618
Other expenses	77,008	22,856
	<b>456,600</b>	<b>185,675</b>

<b>(b) Revenue</b>		
Grant funding	644,753	304,243
Memberships	-	755
Other Income	6,913	-
	<b>651,666</b>	<b>304,998</b>

### NOTE 3: CASH & CASH EQUIVALENTS

Cash at Bank	203,998	365,394
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### NOTE 4: TRADE & OTHER RECEIVABLES

<b>CURRENT</b>		
Trade debtors	-	224,528
Bonds	200	200
	<b>200</b>	<b>224,728</b>

#### (i) Credit Risk — Trade and Other Receivables

The company does not have any material credit risk exposure to any single receivable or group of receivables.

The following table details the company's trade and other receivables exposed to credit risk with ageing analysis and impairment provided for thereon. Amounts are considered as 'past due' when the debt has not been settled within the terms and conditions agreed between the association and the customer or counter party to the transaction. Receivables that are past due are assessed for impairment by ascertaining solvency of the debtors and are provided for where there are specific circumstances indicating that the debt may not be fully repaid to the association.

The balances of receivables that remain within initial trade terms (as detailed in the table) are considered to be of high credit quality.



**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2012  
(CONTINUED)**

**NOTE 4: TRADE & OTHER RECEIVABLES (CONTINUED)**

	Gross Amount	< 30 days	Past Due 31–60 days	Past Due 61–90 days	Past Due > 90 days	Past Due and Impaired
<b>2012</b>		\$	\$	\$	\$	\$
Trade and other receivables	-	-	-	-	-	-
<b>2011</b>						
Trade and other receivables	224,528	224,528	-	-	-	-

**NOTE 5: FINANCIAL ASSETS**

	2012 \$	2011 \$
<b>CURRENT</b>		
CBA Bank Guarantee	8,250	-

**NOTE 6: OTHER ASSETS**

<b>CURRENT</b>		
Prepayments	30,145	1,347

**NOTE 7: PROPERTY, PLANT AND EQUIPMENT**

Furniture and fixtures – at cost	11,710	360
Accumulated depreciation	(291)	(36)
	11,419	324

Computer Equipment - at cost	29,427	10,731
Accumulated depreciation	(6,462)	(2,230)
	22,965	8,501

Office Equipment – at cost	16,414	-
Accumulated depreciation	(846)	-
	15,568	-
<b>Total property, plant and equipment</b>	<b>49,952</b>	<b>8,825</b>

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2012 (CONTINUED)

### (a) Movements in Carrying Amounts

The table below shows the movement in the carrying amounts of each class of property, plant and equipment between the beginning and the end of the current financial year.

	Furniture and Fixtures	Computer Equipment	Office Equipment	Total
2012	\$	\$	\$	\$
Opening balance	324	8,501	-	8,825
Additions/(Disposals)	11,350	18,696	16,413	46,459
Depreciation expense	(255)	(4,232)	(845)	(5,332)
<b>Carrying amount at end of year</b>	<b>11,419</b>	<b>22,965</b>	<b>15,568</b>	<b>49,952</b>

### NOTE 8: TRADE & OTHER PAYABLES

	2012 \$	2011 \$
<b>CURRENT</b>		
Trade creditors and accruals	8,277	77,665
<b>Sundry creditors</b>	<b>13,825</b>	<b>18,773</b>
	<b>22,102</b>	<b>96,438</b>

### NOTE 9: PROVISIONS

<b>CURRENT</b>		
Annual Leave Provision	-	-
Employee benefits	12,966	1,627
	<b>12,966</b>	<b>1,627</b>

### NOTE 10: OTHER LIABILITIES

<b>CURRENT</b>		
Income in Advance	30,145	1,347

### NOTE 11: RELATED PARTY TRANSACTIONS

The names of directors who have held office during the financial year are:

Bradley Freeburn	Patrick Ahkit	Christine Ingram
Jennifer Poelina	Candy Bartlett (appointed 31/01/2012)	Clarke Scott (CEO & Company Secretary)
Therese M Williams	Jenifer Ketchell (appointed January 2012)	Seriako Stephen

### Key Management Personnel

Key management personnel comprise directors and other key persons having authority and responsibility for planning, directing and controlling the activities of the organization.

### Key Management Personnel Compensation Summary

Short Term Employee Benefits	195,066	119,323
Long Term Employee Benefits	-	-
	<b>195,066</b>	<b>119,323</b>



## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2012 (CONTINUED)

### NOTE 12: ECONOMIC DEPENDENCE

Economic dependency exists where the normal trading activities of a company depends upon a significant volume of business. The National Aboriginal and Torres Strait Islander Health Workers Association Limited is dependent on grants received from the Department of Health and Aging to carry out its normal activities.

### NOTE 13: SEGMENT REPORTING

The Company operates in the Community Services Segment.

### NOTE 14: CASH FLOW INFORMATION

#### (a) Reconciliation of cash

Cash at the end of the financial year as shown in the statement of Cash Flows is reconciled to the related items in the statement of financial position as follows:

	2012	2011
	\$	\$
Cash at bank	203,998	365,394
	203,998	365,394

#### (b) Reconciliation of cash flow from operations with profit from ordinary activities after income tax

Net surplus/(deficit) from ordinary activities	-	-
Non-cash flows in surplus/(deficit) from ordinary activities		
Depreciation	5,332	2,266

<b>Changes in assets and liabilities</b>		
(Increase)/decrease in receivables	224,528	(188,047)
(Increase)/decrease in other assets	(28,798)	(1,347)
Increase/(decrease) in grants received in advance	(244,752)	376,684
Increase/(decrease) in payables	(74,336)	64,173
Increase/(decrease) in provisions	11,339	(762)
<b>Cash flows from operations</b>	<b>(106,687)</b>	<b>252,967</b>

### NOTE 15: FINANCIAL RISK MANAGEMENT

#### (i) Financial risk management policies

The company's financial instruments consist mainly of cash and deposits at bank, trade debtors, trade creditors and secured commercial credit facilities. The Board of directors meet on a regular basis to assist the company in meetings its financial targets, whilst minimising potential adverse effects on financial performance. The total of each category of financial instruments, measured in accordance with AASB139 as detailed in the accounting policies to these financial statements, are detailed following:

<b>Financial Assets</b>		
Cash and cash equivalents	203,998	365,394
Trade and Other Receivables	8,450	224,728
	212,448	590,122

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2012  
(CONTINUED)**

	2012 \$	2011 \$
<b>Financial Liabilities</b>		
Trade and other payables	22,102	96,438
Income in advance	224,474	469,226
	<b>246,576</b>	<b>565,664</b>

**(ii) Interest rate risk**

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at reporting date whereby a future change in interest rates will affect future cash flows or the fair value of fixed rate financial instruments.

**(iii) Liquidity risk**

Liquidity risk arises from the possibility that the company might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. The association manages this risk through the following mechanisms:

- preparing forward looking cash flow analysis in relation to its operational, investing and financing activities;
- maintaining a reputable credit profile;
- managing credit risk related to financial assets;
- investing only in surplus cash with major financial institutions; and
- comparing the maturity profile of financial liabilities with the realisation profile of financial assets.

The tables below reflect an undiscounted contractual maturity analysis for financial liabilities.

	Within 1 Year		1 to 5 Years		Over 5 Years		Total Cash Flow	
	2012	2011	2012	2011	2012	2011	2012	2011
	\$	\$	\$	\$	\$	\$	\$	\$
<b>Financial liabilities due for payment</b>								
Trade & other payables	22,102	96,438	-	-	-	-	22,102	96,438
Income in advance	224,474	469,226	-	-	-	-	224,474	469,226
<b>Total expected outflows</b>	<b>246,576</b>	<b>565,664</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>246,576</b>	<b>565,664</b>

	Within 1 Year		1 to 5 Years		Over 5 Years		Total Cash Flow	
	2012	2011	2012	2011	2012	2011	2012	2011
	\$	\$	\$	\$	\$	\$	\$	\$
<b>Financial assets — cash flows realisable</b>								
Cash and cash equivalents	203,998	365,394	-	-	-	-	203,998	365,394
Trade & Other Receivables	8,450	224,728	-	-	-	-	8,450	224,728
<b>Total expected inflows</b>	<b>212,448</b>	<b>590,122</b>					<b>212,448</b>	<b>590,122</b>
<b>Net (outflow)/inflow on financial instruments</b>	<b>(34,128)</b>	<b>24,458</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(34,128)</b>	<b>24,458</b>

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2012 (CONTINUED)

### (iv) Credit risk

Exposure to credit risk relating to financial assets arises from the potential non-performance by counter parties of contract obligations that could lead to a financial loss to the company.

Credit risk is managed through the maintenance of procedures (such procedures include the utilisation of systems for the approval, regular monitoring of exposures against such limits and monitoring of the financial stability of significant customers and counter parties), ensuring to the extent possible, that customers and counter parties to transactions are of sound credit worthiness. Such monitoring is used in assessing receivables for impairment.

Risk is also minimised through investing surplus funds in financial institutions that maintain a high credit rating, or in entities that the executive committee has otherwise cleared as being financially sound.

The maximum exposure to credit risk at balance date to recognised financial assets is the carrying amount as disclosed in the statement of financial position and notes to the financial statements. The company does not have any material credit risk exposure to any single debtor or group of debtors.

### NOTE 16: COMPANY DETAILS

The registered office of the company is:

**National Aboriginal and Torres Strait Islander Health Workers Association Limited**  
Suite 2, Level 1, 31-37 Townshend Street PHILLIP ACT 2606

### NOTE 17: CONTINGENT LIABILITIES

The company had no contingent liabilities as at 30 June 2012.

### NOTE 18: COMMITMENTS

**(a) Reconciliation of cash** Cash at the end of the financial year as shown in the statement of Cash Flows is reconciled to the related items in the statement of financial position as follows:

	2012	2011
	\$	\$
<b>Operating lease commitments payable:</b>		
- not later than 1 year	31,660	-
- later than 1 year, but not later than 5 years	89,973	-
<b>Total operating lease liability</b>	<b>121,633</b>	<b>-</b>

### NOTE 19: EVENTS OCCURRING AFTER THE REPORTING DATE

No matter or circumstance has arisen since 30 June 2012 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

### DIRECTORS' DECLARATION

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 20-27 are in accordance with the Corporations Act 2001 (a) comply with Accounting Standards and the Corporations Regulations 2001; and (b) give a true and fair view of the financial position as at 30 June 2012 and of the performance for the financial year ended on that date of the company.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the directors.



**Director: Jennifer Poelina**



**Treasurer: Christine Ingram**

**Dated: 15/11/12**



## **INDEPENDENT AUDIT REPORT**

### **TO THE MEMBERS OF NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED**

#### **REPORT ON THE FINANCIAL REPORT**

We have audited the accompanying financial report of National Aboriginal and Torres Strait Islander Health Workers Association Limited (the company), which comprises the statement of financial position as at 30 June 2012 and the statement of comprehensive income and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the Directors' declaration.

#### **DIRECTORS' RESPONSIBILITY FOR THE FINANCIAL REPORT**

The Directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Act 2001. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

#### **AUDITOR'S RESPONSIBILITY**

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **INDEPENDENCE**

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001 has been provided to the Directors of National Aboriginal and Torres Strait Islander Health Workers Association Limited.

#### **AUDITOR'S OPINION**

In our opinion, the financial report of National Aboriginal and Torres Strait Islander Health Workers Association Limited is in accordance with the Corporations Act 2001, including:

- i. giving a true and fair view of the company's financial position as at 30 June 2012 and of their performance for the year ended on that date; and
- ii. complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations 2001.

**PKF Di Bartolo Diamond & Mihailaros**  
**GPO Box 588 CANBERRA ACT 2601**

**Ross Di Bartolo,**  
**Partner, Canberra**

**Dated: 15/11/12**

## INDEPENDENT AUDIT REPORT (CONTINUED)

### DISCLAIMER TO THE MEMBERS OF NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED

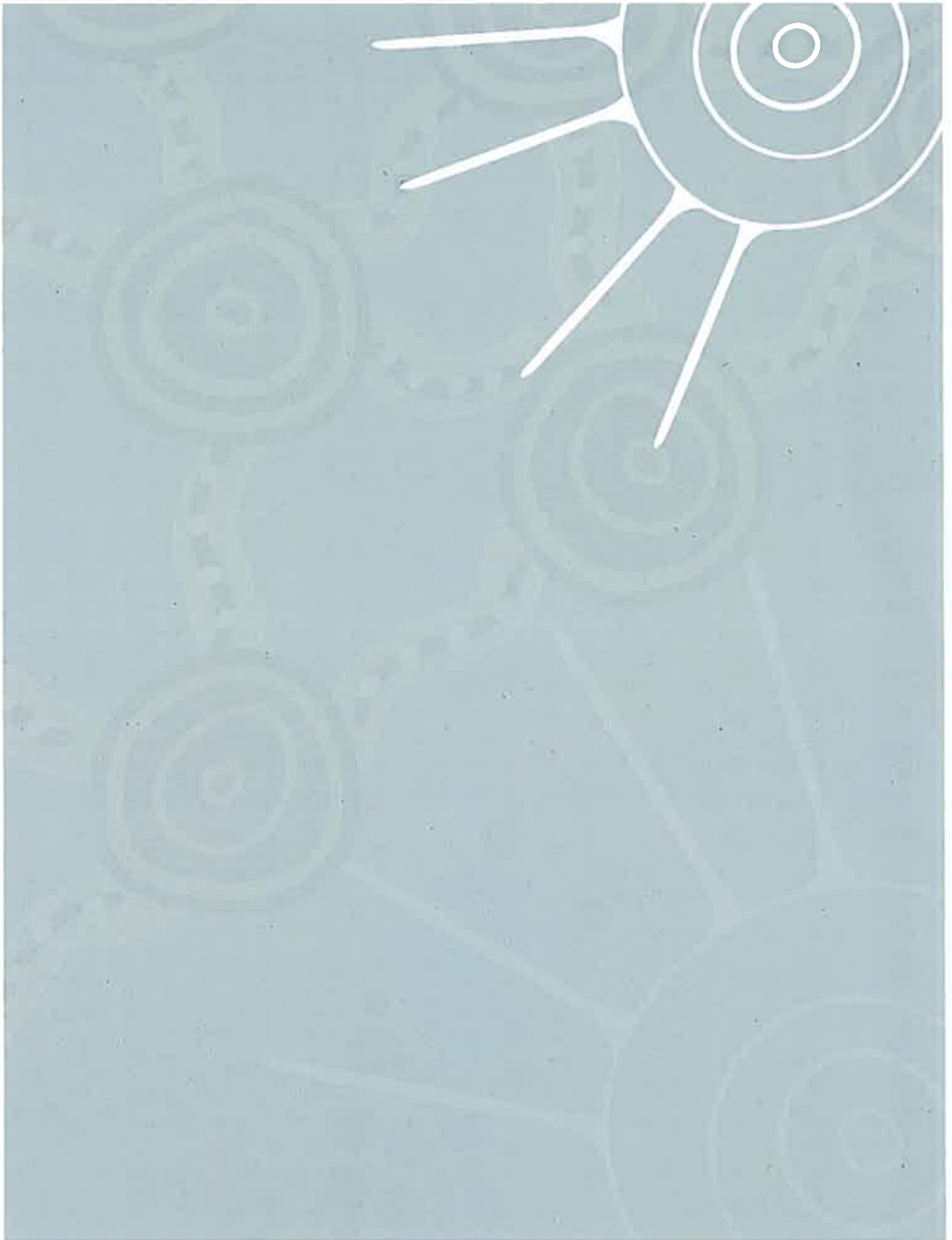
The additional financial data presented on page 30 is in accordance with the books and records of the company which have been subjected to the auditing procedures applied in our statutory audit of the company for the financial year ended 30 June 2012. It will be appreciated that our statutory audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such financial data and we give no warranty of accuracy or reliability in respect of the data provided. Neither the firm nor any member or employee of the firm undertakes responsibility in any way whatsoever to any person (other than National Aboriginal and Torres Strait Islander Health Workers Association Limited) in respect of such data, including any errors of omissions therein however caused.

PKF Di Bartolo Diamond & Mihailaros, GPO Box 588 CANBERRA ACT 2601

Ross Di Bartolo, Partner, Canberra Dated: 15/11/12

### DETAILED PROFIT AND LOSS FOR THE YEAR ENDED 30 JUNE 2012

	2012 \$	2011 \$
<b>INCOME</b>		
Grant funding & Subsidies	644,753	304,243
Memberships	-	755
Other Income	6,913	-
<b>TOTAL INCOME</b>	<b>651,666</b>	<b>304,998</b>
<b>LESS EXPENSES</b>		
Accounting	43,484	27,070
Advertising	9,449	-
AGM & Board Meetings	73,473	62,466
Audit fees	4,000	3,000
Bank charges	576	486
Bad debts written off	4,529	-
Computer support	1,447	2,037
Contractors and consultants	87,688	18,488
Depreciation	5,332	2,266
Donations	500	-
Insurance	5,357	4,943
Meetings, workshops & seminar costs	2,378	585
Postage	287	100
Printing and stationery	29,236	3,870
Promotional material	31,342	7,370
Rent	31,764	17,353
Repairs and maintenance	4,900	280
Salaries and on costs	179,735	109,531
Subscriptions	2,024	1,525
Superannuation	15,330	9,792
Telecommunications	4,206	7,866
Travel expenses	76,227	22,618
Other expenses	38,402	3,352
<b>TOTAL EXPENSES</b>	<b>651,666</b>	<b>304,998</b>
<b>OPERATING SURPLUS/(LOSS)</b>	<b>-</b>	<b>-</b>







**NATSIHWA**

National Aboriginal and Torres Strait  
Islander Health Worker Association

If you would like to know more  
about NATSIHWA's activities please visit  
our website: [www.natsihwa.org.au](http://www.natsihwa.org.au)  
1800 200 800

National Aboriginal and Torres Strait Islander  
Health Workers Association Limited  
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